CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	elena, MT 59620-2501				
Legal Entity #	School Dist. #	School Name	County	Level	
0692	6	Biddle Elem	38	EL	
Proposed Restric	ted Indirect Cost Rate	e % (Round to	nearest hundredth (X.XX%) of a percent.)	
	e submitted for the ele	vith one copy of each applicat ementary and high school dist			
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
		notined of any accounting one	g	iect tile	
predetermined rate.		, ,	g	ieot tile	
I declare that the for Signature of Distri		rect.	Address or P.O. B		
I declare that the fo	regoing is true and cor	rect.	Address or P.O. B		
I declare that the for Signature of Distri	regoing is true and cor ct Superintendent or	rect. Board Street A	Address or P.O. B		
I declare that the for Signature of Distri Chairperson	regoing is true and cor ct Superintendent or	rect. Board Street A Box 397	Address or P.O. B	эх	
I declare that the for Signature of Distri Chairperson	regoing is true and cor ct Superintendent or	rect. Board Street A Box 397 City	Address or P.O. B	Zip Code	
I declare that the for Signature of Distri Chairperson Printed Name of A Title Send com	regoing is true and cor ct Superintendent or uthorized Official repleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street A Box 397 City Biddle Date and Budgeting cruction -2501	Address or P.O. B	Zip Code 593140397	
I declare that the for Signature of Distri Chairperson Printed Name of A Title Send com	regoing is true and cor ct Superintendent or uthorized Official repleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street A Box 397 City Biddle Date and Budgeting cruction -2501 R THE SUPERINTENDENT	Address or P.O. Be	Zip Code 593140397	
I declare that the for Signature of Distri Chairperson Printed Name of A Title Send com	regoing is true and cor ct Superintendent or uthorized Official repleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street A Box 397 City Biddle Date and Budgeting cruction -2501 R THE SUPERINTENDENT Date Ap	Address or P.O. Be	Zip Code 593140397	

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501		Due May 61, 2000				
Legal Entity #	School Dist. #	School Name		County	Level	
0705	79J	Broadus Elem		38	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the electory oval of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been so of costs have be	they are allowed treated as een accounted	ocated in indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
Onan person			Box 500			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Broadus	5	9317	
Title			Date			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Approved Rate for FY2006		06	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level
0706	79J	Powder River Co D	oist H S	38	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply an e been adju:	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agi Further, the same c addition, similar type	reements to which osts that have been soft costs have been soften	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			Box 500		
Printed Name of A	uthorized Official		City	Z	ip Code
			Broadus	5	9317
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		
		l			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501						
Legal Entity #	School Dist. #	School Name		County	Level	
0709	90	South Stacey Elem		38	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory or a submitted for the electory or rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allower treated as een accounted	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
<u> </u>			Box 71			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Volborg	5	9351	
Title			Date	·		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	06	Date Approved			
			Signature			